

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107572525

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12				/		
13				/		
14				/		
15				/		
16				/		
17				/		
18				/		
19				/		
20				/		
21				/		
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23				/		
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26				/		
27				/		
28				/		
29			/	/		
30				/		
31				/		
32				/		
33				/		
34				/		
35				/		
36				/		
37			/	/		
38				/		
39				/		
40				/		
41				/		
42			/	/		
43				/		
44				/		
45				/		
46				/		
47			/	/		
48				/		
49			/	/		
50				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
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69				/		
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86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	2	←		←
TOTAL CLAIMS			2			